Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/18/07</u>	Address:	13209 S CR 400 West
Case #:	<u>16-17817</u>		Peru, Indiana
County:	<u>Miami</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open No Structure			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes <u>0</u> No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M ☑ Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: Peru F.D.	Fax: <u>765-4</u> Fax: <u>765-</u> 4	
Health Department: Miami County Fax:			
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: T.J. Zeiser Phone 765-473-6666			
 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention. 			